FORM D



United States Securities and Exchange Commission Washington, D.C. 20549

FORM D

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SEC USE ONLY Prefix Serial

DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

| | UNIFORM LIMITE | D OFFERIN | G EXEMPT | ION L | |
|---|--|--------------------|-------------------|-------------------------------------|--------------------------|
| Name of Offering (☐ check if th Digitalsmiths Corporation 2004 Ser | | changed, and ind | icate change.) | | |
| Filing Under (Check box(es) that a Type of Filing: 🖾 New Filing | | 05 ⊠ Rule 50 | 6 □ Section | 4(6) 🗆 ULOE | 19900 5.79.0. |
| | A. BASIC IDE | NTIFICATION | DATA | | 50 9 9 500 C |
| 1. Enter the information requeste | d about the issuer | | | | |
| Name of Issuer (☐ check if this Digitalsmiths Corporation | s an amendment and name has ch | anged, and indica | te change.) | | * C P F |
| Address of Executive Offices (Num 917 Bay Street, Beaufort, SC 299 | , ,, | ode) | | Telephone Number (In (843) 379-7878 | ocluding Area Code) |
| Address of Principal Business Oper (if different from Executive Offices | rations (Number and Street, City, | State, Zip Code) | _ | Telephone Number (In | ncluding Area Code) |
| Brief Description of Business Internet development and media de | sign. | | | | PROCESSE |
| Type of Business Organization ☑ corporation □ business trust | ☐ limited partnership, alrea ☐ limited partnership, to b | • | □ other | r (please specify): | PROCESSE |
| Actual or Estimated Date of Incorporation | on or Organization: | MO | YEAR | ☑ Actual ☐ Estimated | THOMSON FINANCIAL |
| Jurisdiction of Incorporation or Organiz | ation: (Enter two-letter U.S. Postal Se CN for Canada; FN for other | | | | · |
| GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an 77d(6). | offering of securities in reliance on a | nn exemption under | Regulation D or S | ection 4(6), 17 CFR 230.5 | 501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed Exchange Commission (SEC) on the early on the date it was mailed by United | rlier of the date it is received by the | SEC at the address | | | |

due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administration in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB. control number. SEC 1972 (6-02

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote, or dispose or direct the vote or disposition of, 10% or more of a class of equity
 - Each executive officeR and director of corporate issuers and of corporate general and managing partners of partnership issuers:
 - and

| • | Each g | eneral a | nd manag | ging par | tner of | partnersh | ιip : | issuers |
|---|--------|----------|----------|----------|---------|-----------|-------|---------|
|---|--------|----------|----------|----------|---------|-----------|-------|---------|

| Each general and managing partner of partnership issuers. |
|--|
| Check Box(es) that Apply: ☑ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) Weinberger, Ben |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| 917 Bay Street, Beaufort, SC 29902 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |

| B. INFORMATION ABOUT OFFERING | | | | |
|--|----------------------|-------------------------------------|--|--|
| 1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? | Yes | No ⊠ | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | |
| What is the minimum investment that will be accepted from any individual? | \$25,0 | \$25,000 | | |
| 3. Does the offering permit joint ownership of a single unit? | Yes ⊠ | No | | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indi similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may for that broker or dealer only. | a person the name | to be listed is an of the broker or | | |
| Full Name (Last name first, if individual) None | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | |
| Name of Associated Broker or Dealer | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | All States | | |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | |
| Name of Associated Broker or Dealer | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States) | | All States | | |
| AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI][ID] IL][IN][IA][KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] RI][SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] | | | | |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | |
| Name of Associated Broker or Dealer | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers Check "All States" or check individual States) | | All States | | |
| AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI][ID] IL][IN][IA][KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] RI][SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] | | | | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) | | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| ā | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering check this box \square and indicate in the column below the amounts of securities offered for exchange and already exchanged. | | |
|--------|---|---------------------|--|
| | Type of Security | Aggregate | Amount Already |
| | * | Offering Price | Sold |
| | Debt | \$ 0 | \$0 |
| | Equity | \$ 200,000 | \$ 111,000 |
| | □ Common ☑ Preferred | \$200,000 | Ψ 111,000 |
| | | ¢ 0 | s 0 |
| | Convertible Securities (including warrants) | \$0 | \$0 |
| | Partnership Interests | \$0 | \$0 |
| | Other (Specify) | \$0 | \$0 |
| | Total | \$ 200,000 | \$111,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE | | |
| t | Enter the number of accredited and non-accredited investors who have purchased securities in his offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar unount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 3 | \$ 111,0000 |
| | Non-accredited Investors | 0 | \$0 |
| | Total (for filings under Rule 504 only) | | |
| | Answer also in Appendix, Column 4, if filing under ULOE | | \$ |
| 5 | f this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. | | |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 1 0 | Furnish a statement of all expenses in connection with the issuance and distribution of the | | Ψ |
| s i | recurities in this offering. Exclude amounts relating solely to organization expenses of the ssuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | | r | |
| | Transfer Agent's Fees. | | |
| | Printing and Engraving Costs | | |
| | Legal Fees | | |
| | Accounting Fees | | |
| | Engineering Fees | | |
| | Sales Commissions (specify finder's fees separately) | | \$0 |
| | Other Expenses (identify) | | \$0 |
| | Total | 区 | \$10,000 |

| C. OFFERING PRICE | NUMBER OF INVESTORS | S, EXPENSES AND USE OF | PROCE | EDS |
|---|---|----------------------------------|--------------------------------------|-----------------------|
| b. Enter the difference between the aggregatotal expenses furnished in response to proceeds to the issuer." | Part C-Question 4.a. This differer | nce is the "adjusted gross | • | \$190,000 |
| Indicate below the amount of the adjust for each of the purposes shown. If the a check the box to the left of the estimate proceeds to the issuer set forth in Part-C | mount for any purpose is not known. The total of the payments listed in | n, furnish an estimate and | | · |
| | | Offi Direct | ents to cers, ors, & liates | Payments to Others |
| Salaries and fees | | □\$ | | \$ |
| Purchase of real estate | | □\$ | | \$ |
| Purchase, rental or leasing and installar | | | | \$ |
| Construction or leasing of plant building | gs and facilities | □ \$ | | \$ |
| Acquisition of other businesses (include | ng the value of securities involved i | n this offering that may | | |
| be used in exchange for the assets or se | | | | |
| pursuant to a merger) | | | | \$ |
| Repayment of indebtedness | | | = | \$ |
| Working capital | | | _ 🗵 | \$190,000 |
| Other (specify) | | | _ | _ |
| | | | | \$ |
| Column Totals | | | _ 🗵 | \$ 190,000 |
| Total Payments Listed (column totals a | dded) | , <u>D</u> | ☑ \$ <u>190,000</u> | |
| | D. FEDERAL SIG | NATURE | | |
| The issuer has duly caused this notice to following signature constitutes an undertakits staff, the information furnished by the is | ng by the issuer to furnish to the U | .S. Securities and Exchange Comm | ission, upon | |
| Issuer (Print or Type) | Signature | Date | | |
| Digitalsmiths Corporation | Balow | | 2 24, | 2004 |
| Name of Signer (Print or Type) | Title of Signer (Print Type) | | | |
| Ben Weinberger | President | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)